

**2000 EPA Clean Water Needs Survey  
State Water Resources Control Board  
Division of Clean Water Programs  
Stormwater Facilities**

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**Responsible Entity**

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_ County: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Project Information**

*Please copy this form and complete all pertinent information for each proposed project*

Project Descr./Name: \_\_\_\_\_  
\_\_\_\_\_  
Documentation Title: \_\_\_\_\_  
Engineer's Estimated Project Cost: \$ \_\_\_\_\_ Documentation Page Number: \_\_\_\_\_

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**Facility Types and Changes**

*Draw a line(s) from the appropriate Facility Type to the Proposed Changes.*

<u>Type of Facility</u>	<u>Proposed Changes</u>
	No Change
	New
Large (Pop > 250,000)	Abandon
	Increase Capacity
Medium (Pop 100,000 - 249,000)	Increase Level of Treatment
	Rehabilitation
Small (Pop < 100,000)	Replacement
	Process Improvement
	Instrumentation/Electrical/Lab

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If you have any questions, please contact:

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